

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street)
▼

PO BOX 26502

Check if different
than previously
reported. (ACC)

Christiansted

VI

00824

2. FEC IDENTIFICATION NUMBER ▼

C

C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

VI

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2014

through

M M / D D / Y Y Y Y
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michele Hyndman

Signature of Treasurer

Michele Hyndman

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	61425.00	164919.60
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	61425.00	164919.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	46373.14	140104.92
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	46373.14	140104.92
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24450.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2014

To:

M M / D D / Y Y Y Y
06 / 30 / 2014

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:
**(a) Individuals/Persons Other Than
Political Committees**
(i) Itemized (use Schedule A).....

59750.00

161349.60

(ii) Unitemized

1675.00

3570.00

**(iii) TOTAL of contributions
from individuals**

61425.00

164919.60

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

0.00

0.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

61425.00

164919.60

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:
**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

0.00

0.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

61425.00

164919.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 44

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	46373.14	140104.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	46373.14	140354.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9398.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61425.00
25. SUBTOTAL (add Line 23 and Line 24).....	70823.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46373.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24450.18

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Philip M Arcidi

Mailing Address PO Box 24908

City

St. Croix

State

VI

Zip Code

00824

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2014

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Alfred L Areidi

Mailing Address PO Box 26502

City

St. Croix

State

VI

Zip Code

00824

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2014

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Joan Batzold-Kupfer

Mailing Address PO Box 1438

City

St. Croix

State

VI

Zip Code

00851

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11AI.4917

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Joan Batzold-Kupfer

Mailing Address PO Box 1438

City

St. Croix

State

VI

Zip Code

00851

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.4919

Amount of Each Receipt this Period

2400.00

Full Name (Last, First, Middle Initial)

James Benton

Mailing Address

City

St. Croix

State

VI

Zip Code

00820

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Contractor

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

Peter B Corr

Mailing Address 6501 Redhook 201

City

St. Thomas

State

VI

Zip Code

00802

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 44
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) Marc Cosnard Des Clostes		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 39 de Valmy		Transaction ID : SA11AI.4766	
City Paris	State ZZ	Zip Code 75010	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) Paul Due		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address PO Box 25869		Transaction ID : SA11AI.4752	
City St. Croix	State VI	Zip Code 00824	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
C. Full Name (Last, First, Middle Initial) Thelma Duggin		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address		Transaction ID : SA11AI.4795	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		2500.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Thomas V Eagan

Mailing Address 4620 Santa Maria

City

State

Zip Code

FL

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		15		2014

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

William Forster

Mailing Address 342 W. 22nd St

City

State

Zip Code

New York

NY

10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SA11AI.4770

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Grand Jewelers

Mailing Address PO Box 6108

City

State

Zip Code

St. Thomas

VI

00804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Matthew F. Hagen

Mailing Address P.O. Box 11360

City

St. Thomas

State

VI

Zip Code

00801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Money Manager

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2014

Transaction ID : SA11AI.4790

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Hamilton & Miller, P.A.

Mailing Address 150 SE 2 Ave

City

Miami

State

FL

Zip Code

33131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2014

Transaction ID : SA11AI.4786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Charleene Henderson

Mailing Address PO Box 308666

City

St. Thomas

State

VI

Zip Code

00803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.4784

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

John D Hourihan

Mailing Address PO Box 24921

City

St. Croix

State

VI

Zip Code

00824

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.4774

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Kenrick D Isaac

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.4913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Adolfo E Jimenez

Mailing Address 4437 Post Ave

City

Miami

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

David Johnson

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : SA11AI.4792

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

James F Kenefick

Mailing Address 11561 Brass Lantern

City

State

Zip Code

VA

20194

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Brad Lenhart

Mailing Address P.O. Box 25248 GBS

City

State

Zip Code

St. Croix

VI

00824

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Money Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

4600.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Sarah Lowenstien

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		11		2014

Transaction ID : SA11AI.4799

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. LRW Management

Mailing Address 4435 Univ. Blvd

City

Dallas

State

TX

Zip Code

75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jean Su Maeng-Kim

Mailing Address 6100 Redhook #2

City

St. Thomas

State

VI

Zip Code

00802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		24		2014

Transaction ID : SA11AI.4725

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 44
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) MOLINA HEALTHCARE, INC. PAC		Date of Receipt M M / D D / Y Y Y Y 05 / 01 / 2014	
Mailing Address 200 OCEANGATE SUITE 100		Transaction ID : SA11AI.4756	
City LONG BEACH	State CA	Zip Code 90802	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00430256			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
B. Full Name (Last, First, Middle Initial) Steven D Morton		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address PO Box 307098		Transaction ID : SA11AI.4780	
City St. Thomas	State VI	Zip Code 00804	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
C. Full Name (Last, First, Middle Initial) David Mugar		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2014	
Mailing Address 222 Berkeley St		Transaction ID : SA11AI.4761	
City	State MA	Zip Code 02116	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
SUBTOTAL of Receipts This Page (optional).....		3000.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Florence Murphy

Mailing Address 54 Chestnut St.

City

State

Zip Code

NJ

08850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		29		2014

Transaction ID : SA11AI.4735

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. William Neville

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5124.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		17		2014

Transaction ID : SA11AI.4794

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

C. Rick Nielsen

Mailing Address 1301 NW Bath Ave

City

State

Zip Code

FL

33126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		14		2014

Transaction ID : SA11AI.4768

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

OFF THE SIDELINES PAC

Mailing Address P.O. BOX 78182

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00525600

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

Thomas R Peil

Mailing Address 58 Sheridan Dr

City

Atlanta

State

VI

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : SA11AI.4744

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Thomas R Peil

Mailing Address 58 Sheridan Dr

City

Atlanta

State

VI

Zip Code

30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.4923

Amount of Each Receipt this Period

2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

15200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) Edgar Rios		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2014	
Mailing Address		Transaction ID : SA11AI.4911	
City	State	Zip Code	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2600.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00	
B. Full Name (Last, First, Middle Initial) Sea Glass Properties		Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 5328 Yacht Have Grand		Transaction ID : SA11AI.4718	
City	State	Zip Code	
St. Thomas	VI	00802	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	
C. Full Name (Last, First, Middle Initial) William J. Tennis		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2014	
Mailing Address		Transaction ID : SA11AI.4706	
City	State	Zip Code	
Bethesda	MD	20817	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer		Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional).....		3350.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 44

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
VIRGIN ISLANDS FOR PLASKETT

A. Full Name (Last, First, Middle Initial) John Thomas			Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address PO Box 29			Transaction ID : SA11AI.4778	
City	State	Zip Code		
Cotuit	MA	02635		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) David Ting			Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 303 Columbus Ave			Transaction ID : SA11AI.4754	
City	State	Zip Code		
	MA	02116		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) Anthony Welters			Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address			Transaction ID : SA11AI.4797	
City	State	Zip Code		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 2000.00	
Name of Employer		Occupation		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		
SUBTOTAL of Receipts This Page (optional).....			4000.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

John Wessel

Mailing Address 72 Estate River

#2

City

St. Croix

State

VI

Zip Code

00850

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Owner

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

Bradley P Wilson

Mailing Address 6005 Est. Nazareth

City

St. Thomas

State

VI

Zip Code

00802

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		24		2014

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

Windward Passage

Mailing Address PO Box 640

City

St. Thomas

State

VI

Zip Code

00804

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2014

Transaction ID : SA11AI.4764

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Jehangir Zakaria

Mailing Address 6002 Diamond Ruby

City

St. Croix

State

VI

Zip Code

00820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2014

Transaction ID : SA11Al.4762

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

59750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Choice Communications

Mailing Address

City State Zip Code

Purpose of Disbursement
Phone & internet

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

134.13

Transaction ID : SB17.4877

B. Choice Communications

Mailing Address

City State Zip Code

Purpose of Disbursement
Phone and internet

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2014

Amount of Each Disbursement this Period

135.50

Transaction ID : SB17.4820

C. Choice Communications

Mailing Address

City State Zip Code

Purpose of Disbursement
HQ internet/phone

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

Amount of Each Disbursement this Period

125.25

Transaction ID : SB17.4853

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

394.88

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Color Max

Mailing Address

City State Zip Code

Purpose of Disbursement
Posters

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

348.00

Transaction ID : SB17.4884

B. CRC

Mailing Address

City State Zip Code

Purpose of Disbursement
Rent for HQ on St. Croix

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4909

C. CRC

Mailing Address

City State Zip Code

Purpose of Disbursement
Rent St. Croix HQ

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

1402.00

Transaction ID : SB17.4833

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2750.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Dollar and a Dream

Mailing Address

City State Zip Code

Purpose of Disbursement
Sponsorship

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		22		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4879

B. Epok

Mailing Address

City State Zip Code

Purpose of Disbursement
Carnival Posters & Easter signs

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.4871

c. Epok

Mailing Address

City State Zip Code

Purpose of Disbursement
Carnival Posters

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2014

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.4872

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

680.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Federal Post Office

Mailing Address

City State Zip Code

Purpose of Disbursement
PO Box Fee

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.4805

B. Festival St. John

Mailing Address

City State Zip Code

Purpose of Disbursement
Booklet

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		05		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4895

c. Delmin Garcia

Mailing Address P.O. Box 26502

City State Zip Code
St. Croix VI 00824Purpose of Disbursement
Web template reimbursement

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

198.00

Transaction ID : SB17.4865

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

582.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
Reimburse Cape Air

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2014

Amount of Each Disbursement this Period

1294.00

Transaction ID : SB17.4888

B. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
Chamelot Database

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

645.00

Transaction ID : SB17.4905

C. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
cellphones for phone bank

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

360.00

Transaction ID : SB17.4840

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2299.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
Office Max printing

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

Amount of Each Disbursement this Period

135.45

Transaction ID : SB17.4844

B. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
Reimburse for bank overdraft

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2014

Amount of Each Disbursement this Period

520.00

Transaction ID : SB17.4847

C. Delmin Garcia

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement
Reimburse Camelot database

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4859

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1155.45

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Samuel Garrett

Mailing Address

City State Zip Code

Purpose of Disbursement
Consultant

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
05 / 16 / 2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4817

Full Name (Last, First, Middle Initial)

B. Daphne Jean-Marie

Mailing Address

City State Zip Code

Purpose of Disbursement
Stylist

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
05 / 31 / 2014

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.4841

Full Name (Last, First, Middle Initial)

c. Lockhart Realty

Mailing Address

City State Zip Code

Purpose of Disbursement
Rent for STT HQ

001

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4874

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1070.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Lockhart Realty

Mailing Address

City State Zip Code

Purpose of Disbursement
STT HQ Rent

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4855

B. Jean Picou

Mailing Address

City State Zip Code

Purpose of Disbursement
Rally towels & Road signs

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

2309.50

Transaction ID : SB17.4860

c. Jean Picou

Mailing Address

City State Zip Code

Purpose of Disbursement
Freight rally towels

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

244.64

Transaction ID : SB17.4886

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2954.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	D D	Y Y Y Y
04	16	2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Mardi Gras

007

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4864

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Full Name (Last, First, Middle Initial)

B. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	D D	Y Y Y Y
04	17	2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Easter Eggs

004

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.4873

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Full Name (Last, First, Middle Initial)

C. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	D D	Y Y Y Y
04	22	2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Radio Ads

004

Amount of Each Disbursement this Period

1630.00

Transaction ID : SB17.4878

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1950.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
STT Carnival expenses

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4885

Full Name (Last, First, Middle Initial)

B. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
JFK/MIA Plane Tickets

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4906

Full Name (Last, First, Middle Initial)

C. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
SP Cake/HQ Liquor

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

325.00

Transaction ID : SB17.4897

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3225.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Stacey Plaskett B-day Radio Ads

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.4812

B. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Bar for quadrille

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4813

C. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Newspaper ad/Quadrille food

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.4814

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Radio Ads

004

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4818

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Full Name (Last, First, Middle Initial)

B. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		20		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Stacey NY expenses

002

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4821

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Full Name (Last, First, Middle Initial)

C. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
radio ads

004

Amount of Each Disbursement this Period

1100.00

Transaction ID : SB17.4826

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2600.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Office and Cleaning Supplies

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.4852

B. STACEY PLASKETT

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2014

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement
Radio ad

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

220.00

Transaction ID : SB17.4854

c. Reef Broadcasting

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2014

City	State	Zip Code

Purpose of Disbursement
Radio Ads

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Amount of Each Disbursement this Period

475.00

Transaction ID : SB17.4837

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

845.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Monique Rogers-Clarke

Mailing Address

City State Zip Code

Purpose of Disbursement
Tea Party in STJ

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4889

Full Name (Last, First, Middle Initial)

B. Seabornne Airlines

Mailing Address

City State Zip Code

Purpose of Disbursement
airfare

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 08 / 2014

Amount of Each Disbursement this Period

178.00

Transaction ID : SB17.4861

Full Name (Last, First, Middle Initial)

c. Seabornne Airlines

Mailing Address

City State Zip Code

Purpose of Disbursement
airfare (Carnival & Primary)

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y
04 / 11 / 2014

Amount of Each Disbursement this Period

730.00

Transaction ID : SB17.4869

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1408.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 44

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Seaborne Airlines

Mailing Address

City State Zip Code

Purpose of Disbursement
Five airline tickets for Stacey Plaskett

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

901.50

Transaction ID : SB17.4808

B. Jonathan Small

Mailing Address

City State Zip Code

Purpose of Disbursement
NY car rental & gas

002

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

450.00

Transaction ID : SB17.4816

c. St. Patrick Church

Mailing Address

City State Zip Code

Purpose of Disbursement
Hall rental

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4903

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1951.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. St. Thomas Chamber of Commerce

Mailing Address

City State Zip Code

Purpose of Disbursement
Booklet AD

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4899

B. STT/STJ Horseman Association

Mailing Address

City State Zip Code

Purpose of Disbursement
Race sponsorship

004

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4891

c. Ten Sleepless Night

Mailing Address

City State Zip Code

Purpose of Disbursement
Quadrille

007

Candidate Name

VIRGIN ISLANDS FOR PLASKETTCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2014

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.4810

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2650.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

A. Theodore Tunick & Co.

Mailing Address

City State Zip Code

Purpose of Disbursement
STT HQ insurance

001

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2014

Amount of Each Disbursement this Period

615.00

Transaction ID : SB17.4857

B. West Indies Corp.

Mailing Address

City State Zip Code

Purpose of Disbursement
Liquor

007

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2014

Amount of Each Disbursement this Period

218.58

Transaction ID : SB17.4829

C. WSTA

Mailing Address

City State Zip Code

Purpose of Disbursement
radio ads

004

Category/
Type

Candidate Name

VIRGIN ISLANDS FOR PLASKETT

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: VI District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

234.00

Transaction ID : SB17.4825

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1067.58

